

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


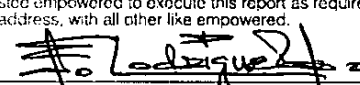
**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90293 009 \*\*\*150.00

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01162005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000035707</b>			
1. Entity Name <b>GORO-TECH, INC.</b>			
Principal Place of Business <b>16340 S POST RD 304 WESTON, FL 33331</b>		Mailing Address <b>16340 S POST RD 304 WESTON, FL 33331</b>	
2. Principal Place of Business <b>1400 NE 191 ST</b>		3. Mailing Address <b>1400 NE 191 ST</b>	
Suite, Apt. #, etc. <b>226</b>		Suite, Apt. #, etc. <b>226</b>	
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>	
Zip <b>33179-</b>	Country <b>USA</b>	Zip <b>33179</b>	Country <b>USA</b>
4. FEI Number <b>50-0003930</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ADRIANA 4721 SW 66 TERRACE DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RODRIGUEZ, GERMAN 16340 S POST RD WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 NE 191 ST Apt. 226 NORTH MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RODRIGUEZ, ADRIANA 16340 S POST RD WESTON, RD 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 NE 191 ST APT. 226 NORTH MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RODRIGUEZ, CAMILO 16340 SOUTH POST RD WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 NE 191 ST APT. 226 NORTH MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/21/05 (754) 423 1845	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	